

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022059

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 798

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

L.H. Pearson, M.D., CERTIFICATION

FILED JUL 16 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 30 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2827 Olive		d. STREET ADDRESS (If outside, give location) 2827 Olive	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle J. Last O'Rourke		4. DATE OF DEATH Month July Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/1/1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Agent Of Union		10b. KIND OF BUSINESS OR INDUSTRY Union Local 579	
11. BIRTHPLACE (City and state or country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William A. O'Rourke		13b. MOTHER'S MAIDEN NAME Florence Elizabeth O'Rourke	
14. NAME OF HUSBAND OR WIFE Laura C. O'Rourke		Address 2827 Olive St. Joseph, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Laura C. O'Rourke		Interval Between Onset AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>Sclerosis of liver</i> DUE TO (c) <i>alcoholism</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Angina, asthma</i>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from May 6, 1955, to June 19, 62, and last saw him alive on June 19, 1962. Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Lambert H. Pearson, M.D.		22b. ADDRESS 103 W. Missouri Ave	
22c. DATE SIGNED July 7, 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/10/1962	23c. NAME OF CEMETERY OR CREMATORY St. John's	
23d. LOCATION (City, town, or county) Amazonia, Missouri		(State)	
24. FUNERAL DIRECTOR H.O. Sidenfaden & Son		25. DATE RECD. BY LOCAL REG. July 9, 1962	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Charles Goodell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David H. Smith

Licensed Embalmer No. 3927

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.